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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 0 1 06 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) 2/34 Write or Type Committee Name Massachusetts Republican State Congressional Committee D D " D 11 23 2010 12 31 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 80412.05 January 1 (b) Cash on Hand at 302559.85 Begining of Reporting Period 6442.00 2932200.75 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 309001.85 3012612.80 6(a) and 6(c) for Column B) 61294.12 2764905.07 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 247707.73 247707.73 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 5660.20 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 34

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 1 1 23 м°м 12 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7450.00 1848496.50 (i) Itemized (use Schedule A) -2808.00 52102.88 (ii) Unitemized (iii) TOTAL (add 4642.00 1900599.38 Lines 11(a)(i) and (ii) 0.00 55.00 (b) Political Party Committees (c) Other Political Committees 1800.00 82722.37 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 6442.00 1983376.75 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 948824.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 6442.00 2932200.75 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 6442.00 2932200.75 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 34 **COLUMN B**

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|--------------------------------|
| Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 61294.12 | 1699546.77 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 61294.12 | 1699546.77 |
| 2. Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| Committees | 0.00 | 0.00 |
| Federal Candidates/Committeesand Other Political Committees | 0.00 | 0.00 |
| Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 677026.52 |
| 6. Loan Repayments Made | 0.00 | 0.00 |
| 7. Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | 0.00 | 0.00 |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 9. Other Disbursements | 0.00 | 0.00 |
| D. Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 388331.78 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 388331.78 |
| 1. Total Disbursements (add Lines 21(c), 22, | 01004.10 | 0704005 07 |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 61294.12 | 2764905.07 |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 61294.12 | 2764905.07 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 34

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 6442.00 | 1983376.75 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6442.00 | 1983376.75 |
| 6. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 61294.12 | 1699546.77 |
| 7. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. | Net Operating Expenditures (subtract Line 37 from Line 36) | 61294.12 | 1699546.77 |

FE6AN026

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 34 (check only one) X |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Massachusetts Republican State Con | gressional C | ommittee | |
| ۷. | Full Name (Last, First, Middle Initial) Robert Ahlstrom | | | Date of Receipt |
| | Mailing Address 34 Washington St | | | 12 08 2010 |
| | City | State | Zip Code | Transaction ID: 10106.C187353 |
| | Bedford | MA | 01730 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Retired | Occupatio Retired | n | Receipt |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 200.00 | |
| _ | Full Name (Last, First, Middle Initial) Paul A. Barringer | | | Date of Receipt |
| | Mailing Address 32 Sagamore Rd. | | | 12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 10106.C187341 |
| | Wellesley | MA | 02481 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Information Requested | Occupatio Informati | n ion Requested | Receipt |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| | Full Name (Last, First, Middle Initial) Theodore Charles | | | Date of Receipt |
| | Mailing Address 65 Eastern Point Blvd | | | 12 08 2010 |
| | City | State | Zip Code | Transaction ID: 10106.C187404 |
| | Gloucester | MA | 01930 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Investors Capital | Occupatio Presiden | | Receipt |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) . | | | 950.00 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pene name and address of any political committee | rson for the purpose of soliciting contributions |
| Massachusetts Republican State Co | ngressional Committee | |
| Full Name (Last, First, Middle Initial) Allan Chin Mailing Address 7 Truman Rd | | Date of Receipt |
| | | 12 26 2010 |
| City | State Zip Code | Transaction ID: 10106.C187453 |
| Peabody | MA 01960 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 Receipt |
| Name of Employer Information Requested | Occupation | neceipt |
| Receipt For: | Information Requested Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Sherryl Cohen | | Date of Receipt |
| Mailing Address 680 Salem End Road | d | 12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 10106.C187448 |
| Framingham | MA 01702 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Information Requested | Occupation Information Requested | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) David Dearborn | | Date of Receipt |
| Mailing Address 16 Beaver Pond Rd | | 12 08 2010 |
| City | State Zip Code | Transaction ID: 10106.C187408 |
| Beverly | MA 01915 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Conditions | Statements may not be sold or used by any perso e name and address of any political committee to gressional Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Charles Fuller Mailing Address 33 High Ridge Road City Boxford FEC ID number of contributing federal political committee. | State Zip Code MA 01921 | Date of Receipt M M |
| Name of Employer Fraen Corp Receipt For: Primary General Other (specify) ▼ | Occupation Executive Aggregate Year-to-Date 500.00 | Receipt |
| Full Name (Last, First, Middle Initial) Howard Gardner Mailing Address PO Box 697 | | Date of Receipt 1 2 1 5 2 0 1 0 |
| City | State Zip Code | Transaction ID: 10106.C187447 |
| North Andover FEC ID number of contributing federal political committee. Name of Employer Information Requested | MA 01845 C Occupation | Amount of Each Receipt this Period 250.00 Receipt |
| Receipt For: Primary General Other (specify) | Information Requested Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Nancy Ghareeb | | Date of Receipt |
| Mailing Address 91 MacArthur Rd. | | 12 08 2010 |
| City <u>Stoneha</u> m | State Zip Code MA 02180 | Transaction ID: 10106.C187395 |
| FEC ID number of contributing federal political committee. | C 02160 | Amount of Each Receipt this Period |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 850.00 |
| TOTAL This Period (last page this line number | · | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9/34 (check only one) X 11a |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any person e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Con- | gressional Committee | |
| Full Name (Last, First, Middle Initial) George Haynes | | Date of Receipt |
| Mailing Address 1 Broken Tree Road | | 12 08 YYYYY |
| City | State Zip Code | Transaction ID: 10106.C187381 |
| Medway | MA 02053 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Bernhard Heersink | I | Date of Receipt |
| Mailing Address 281 High Street | | 12 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 10106.C187274 |
| Newburyport | MA 01950 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Self Employed | Occupation Physician | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |
| Full Name (Last, First, Middle Initial) Robert Lawrence | I | Date of Receipt |
| Mailing Address 24 Jackson Pond Roa | d | 12 08 2010 |
| City | State Zip Code | Transaction ID: 10106.C187398 |
| <u>Dedham</u> | MA 02026 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1250.00 |] |
| CURTOTAL of Descints This Desc (entired) | 1 | 450.00 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | · | 450.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pere | |
| Massachusetts Republican State Con | gressional Committee | |
| Full Name (Last, First, Middle Initial) Winford Nowell Mailing Address 8 Rollins St. | | Date of Receipt |
| City | State Zip Code | 1 2 0 8 2 0 1 0 Transaction ID: 10106.C187390 |
| Groveland | MA 01834 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Microsoft PAC | | Date of Receipt |
| Mailing Address 16011 NE 36th Way | | 12 15 2010 |
| City | State Zip Code | Transaction ID: 10106.C187436 |
| Redmond FEC ID number of contributing federal political committee. | WA 98073 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Information Requested | Occupation Information Requested | Receipt |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) | 1000.00 | |
| Full Name (Last, First, Middle Initial) Bradlee Perry | <u>I</u> | Date of Receipt |
| Mailing Address 865 Central Ave. Apt k-109 | | 12 08 2010 |
| City <u>Needham</u> | State Zip Code MA 02492 | Transaction ID: 10106.C187285 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | Receipt |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | 1350.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 34 (check only one) X 11a |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | Statements may not be sold or used by any persone name and address of any political committee t | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Co | ngressional Committee | |
| Full Name (Last, First, Middle Initial) Arthur Ryan Mailing Address 119 Mt. Pleasant Ave | 9. | Date of Receipt 1 2 0 8 2 0 1 0 |
| City Gloucester | State Zip Code MA 01930 | Transaction ID: 10106.C187287 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Francis Sears Mailing Address PO Box 579 | | Date of Receipt |
| DO NOT MAIL City | State Zip Code | 1 2 0 8 2 0 1 0 Transaction ID: 10106.C187317 |
| Hamilton FEC ID number of contributing federal political committee. | MA 01936 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Paine Webber | Occupation VP | Receipt |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Gilbert Steward | | Date of Receipt |
| Mailing Address 137 Larch Row | | 12 08 2010 |
| City <u>Wenham</u> | State Zip Code MA 01984 | Transaction ID: 10106.C187280 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 2000.00 | |
| SUPTOTAL of Possints This Page (entional) | | 2500.00 |

| SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 12/34 |
|---|---|--|--|
| ITEMIZED RECEIPTS | for | e separate schedule(s) each category of the stailed Summary Page | (check only one) X 11a |
| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not b name and address | ne sold or used by any perso of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong | ressional Comm | ittee | |
| Full Name (Last, First, Middle Initial) Clifford F. Washer Mailing Address 2 Great Rd City | State Z | Zip Code | Date of Receipt M |
| Bedford FEC ID number of contributing federal political committee. Name of Employer Information Requested | Occupation Information R | 01730 | Amount of Each Receipt this Period 200.00 Receipt |
| Receipt For: Primary General Other (specify) | Aggregate Year- | <u>'</u> | |

| SUBTOTAL of Receipts This Page (optional) | • | 200.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | • | 7450.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17 |
|---|---|--|
| Any information copied from such Reports and Stator for commercial purposes, other than using the na | tements may not be sold or used by any perso ame and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congre | essional Committee | |
| Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street SE DO NOT MAIL City | State Zip Code | Date of Receipt M |
| Washington FEC ID number of contributing federal political committee. Name of Employer Political Committee | DC 20003 C C00003418 Occupation | Amount of Each Receipt this Period 1800.00 In-Kind |
| Receipt For: Primary General Other (specify) | FEC ID: C00003418 Aggregate Year-to-Date ▼ 29800.00 | for VOIP phones |

| SUBTOTAL of Receipts This Page (optional) | > | 1800.00 |
|---|-------------|---------|
| TOTAL This Period (last page this line number only) | • | 1800.00 |

В.

C.

| SCHEDULE B (FEC Form 3X) | Han annount and the Co. | FOR LINF | FOR LINE NUMBER: PAGE 14/34 | | | | | | | | | | | |
|--|---|-------------------|---|---|--|--|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | one) | | | | | | | | | | | |
| | Detailed Summary Page | X 21b 27 | 22 23 28a 28b | 24 25 26 28c 29 30b | | | | | | | | | | |
| Any Information copied from such Reports and Stater | nents may not be sold or used by | | | | | | | | | | | | | |
| or for commercial purposes, other than using the name | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| / Massachusetts Republican State Congres | sional Committee | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Bank of America | | | Transaction ID: Date of Disburser | | | | | | | | | | | |
| Mailing Address 104 Canal Street | | | M2 M / D17 / Y Y Y Y Y Y Y | | | | | | | | | | | |
| City Boston | State Zip Code MA 02114- | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| Purpose of Disbursement Deposit Correction | | 0 0 | | 10025.00 | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | |
| Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) | | DEPOSIT CORRECTION | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: | 10106 E12704 | | | | | | | | | | |
| Bank of America | | | Date of Disburser | | | | | | | | | | | |
| Mailing Address 104 Canal Street | | | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7 2010 | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| City Boston | State Zip Code MA 02114- | | Amount of Each D | Disbursement this Period | | | | | | | | | | |
| Purpose of Disbursement CC processing fees | | | | 261.44 | | | | | | | | | | |
| Candidate Name | | Category/ Type | | | | | | | | | | | | |
| Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) | | CC PROCESSII | NG FEES | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: | 10106 E12705 | | | | | | | | | | |
| Bank of America | | | Date of Disburser | | | | | | | | | | | |
| Mailing Address 104 Canal Street | | | 12 M / D 1 7 | 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | | |
| City Boston | State Zip Code MA 02114- | | Amount of Each D | Disbursement this Period | | | | | | | | | | |
| Purpose of Disbursement | T _F | - | | 185.40 | | | | | | | | | | |
| svc charge Candidate Name | 0 | Category/ Type | | | | | | | | | | | | |
| Senate President | ement For: Primary General Other (specify) | . ,,,, | SVC CHARGE | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 10471.84 | | | | | | | | | | |

| | CHEDULE B (FEC Form 3X) | Use sepa | arate schedule(s) | | _ | | NUMB | ER: | | | F | AGE | 15 / 3 | 34 |
|------------|---|-------------------------------------|---------------------------------|------|--------------|----------------------|---------------------------------------|---------|------------------------|-----|----------------|-------|-----------|----------------|
| | EMIZED DISBURSEMENTS | for each of Detailed | category of the Summary Page | | X | eck onl 21b 27 | 22 28a | | 23 28b | | 24 280 | _ | 25 29 | |
| | ny Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | | | 3 |
| K | NAME OF COMMITTEE (In Full) | | 55 of arry pointour | 0011 | | 00 10 00 | , , , , , , , , , , , , , , , , , , , | ti ibui | | | 11 30011 | 00111 | milloc | |
| $ \rangle$ | Massachusetts Republican State Congress | sional Com | nmittee | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Tim Buckley | | | | | | | | ion II isbur | | 1010 ment | 6.E1 | 2777 | |
| | Mailing Address 55 W Broadway #8 | | | | | | 1 1 | М | / D | 2 | ^D / | YZ | 2 0 1 C |) Y |
| | City Boston | State MA | Zip Code 02127- | | | | Amo | unt c | f Eac | h [| Disburs | emer | nt this I | Period |
| | Purpose of Disbursement payroll | | | Г | | | L | | _ | | | 5 | 46.46 | 3 |
| | Candidate Name | | | | ateg | | | | | | | | | |
| | Senate President | ement For: Primary Other (spe | General cify) ▼ | | | | PAY | ROL | L | | | | | |
| _ | State: District: | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Tim Buckley | | | | | | Date | of D | isbur | sei | | | | |
| | Mailing Address 55 W Broadway #8 | | | | | | 1 1 | М | / D | 3 | 0 / | Y 2 | 2 0 1 C |) \ |
| | City Boston | State MA | Zip Code 02127- | | | | Amo | unt c | f Eac | h [| Disburs | emer | nt this f | Period |
| | Purpose of Disbursement reimbursement | | | | • | | L | | | | | 2 | 237.62 | 2 |
| | Candidate Name | | | | ateg Typ | | | | | | | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (spe | General cify) ▼ | | | | REIN | ИBU | RSE | MI | ENT | | | |
| | Full Name (Last, First, Middle Initial) Tim Buckley | | | | | | | | ion II | | 1010 ment | 6.E1 | 2780 | |
| | Mailing Address 55 W Broadway #8 | | | | | | 1 1 | М | / D | 3 | 0 / | Y 2 | 2 0 1 c |) ^Y |
| | City Boston | State MA | Zip Code 02127- | | | | Amo | unt c | f Eac | :h[| Disburs | emer | nt this f | Period |
| | Purpose of Disbursement reimbursement | | | | - | | | | | | | 1 | 83.72 | 2 |
| | Candidate Name | | | | ateg Type | | | | | | | | | |
| | Senate President | ement For: Primary Other (spe | General cify) ▼ | | | | REIN | /IBU | RSE | MI | ENT | | | |
| _ | State: District: | | | | | | | | | _ | | | | |
| ı | SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | | | _ | 67.80 | • |

C.

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s | | | OR LIN | | | | PA | GE | 16 / 3 | 34 | | | | | | | | | |
|---|--|-------------------|------------|----------------------|-----------|-------------------|--------------------|------------------|------|----------|----------------|--|--|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | l r | X | heck or 21b 27 | 2: | _ | 23 28b | 24 28c | F | 25 29 | 26 30b | | | | | | | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | persor | n for the | e purpo | ose of s | oliciting co | | outions | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | | | | | |
| Massachusetts Republican State Congress | sional Committee | | | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Tim Buckley | | | | | | | tion ID Disburs | : 10106 ement | 5.E1 | 2778 | | | | | | | | | | |
| Mailing Address 55 W Broadway #8 | | | | | | м м I 1 | / 03 | 3 D / | Ž | 010 |) ^Y | | | | | | | | | |
| • | State Zip Code MA 02127- | | | | Aı | mount | of Each | Disburse | mer | t this f | Period | | | | | | | | | |
| Purpose of Disbursement reimbursement | | | U | * | L | | | | 2 | 73.68 | 3 | | | | | | | | | |
| Candidate Name | | | ate Typ | gory/ pe | | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ught: House Disbursement For: Senate Primary General President Other (specify) ▼ | | | | | | | | | | REIMBURSEMENT | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | Т. | 0000 | tion ID | : 10106 | | 2744 | | | | | | | | | | |
| Ryan Coleman | | | | | | | Disburs | |).⊏I | 2/44 | | | | | | | | | | |
| Mailing Address 9 Stearms Street | | м м I 1 | / D2 | 24 | Ž | 010 |) ^Y | | | | | | | | | | | | | |
| • | State Zip Code MA 01907- | | | | Aı | mount | of Each | Disburse | mer | t this f | Period | | | | | | | | | |
| Purpose of Disbursement payroll | | | • | | 1 L | | | | .5 | 26.19 | | | | | | | | | | |
| Candidate Name | | | ate Typ | gory/ oe | | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) ▼ | | | | PA | YRO | LL | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | Tr | ansac | tion ID | : 10106 | F1 | 2790 | | | | | | | | | | |
| Nick Connors | | | | | D | ate of I | Disburs | ement | | | V | | | | | | | | | |
| Mailing Address 74 Green Street | | | | | | м м I 1 | / 5 | 3 O / | Ž | 010 |) | | | | | | | | | |
| | State Zip Code MA 02180- | | | | Aı | mount | of Each | Disburse | - | | | | | | | | | | | |
| Purpose of Disbursement reimbursement | | | | | L | | | | .4 | 69.21 | | | | | | | | | | |
| Candidate Name | | | ate Typ | gory/ ce | | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) ▼ | 1 | | | RE | EIMBU | JRSEN | MENT | | | | | | | | | | | | |
| State: District: | • | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | | | | | | | 12 | 69.08 | | | | | | | | | | |

C.

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 17/34 |
|---|---|-------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | v one) |
| | Detailed Summary Page | X 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Statem | | | |
| or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) | e and address of any political o | committee to sol | licit contributions from such committee |
| Massachusetts Republican State Congress | sional Committee | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12791 |
| Nick Connors | | | Date of Disbursement |
| Mailing Address 74 Green Street | | | $ \begin{array}{c c} M & M \\ 1 & 1 \end{array} $ |
| City Stoneham | State Zip Code MA 02180- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 02100 | 0 0 | 373.15 |
| reimbursement Candidate Name | | 0.1 | |
| Candidate Name | | Category/ Type | |
| | ment For: | | REIMBURSEMENT |
| Senate President | Primary General Other (specify) ▼ | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Tarah Donoghue | | | Transaction ID: 10106.E12776 Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address 3 Main Street | | | 11 24 2010 |
| City Dover | State Zip Code MA 02030- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 1V/A 02000- | | 1538.71 |
| payroll Candidate Name | | Cotogony | |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate | ment For: Primary General | | PAYROLL |
| President | Other (specify) | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Anthony Ferrucci | | | Transaction ID: 10106.E12745 Date of Disbursement |
| Mailing Address 62 Dwight St. Apt. #1 | | | $\begin{bmatrix}\begin{smallmatrix}M&1&M\\1&1&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&4\\2&4\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}$ |
| | State Zip Code | | Amount of Each Disbursement this Period |
| Brookline Purpose of Disbursement | MA 02446- | | 630.68 |
| payroll | | | |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse | ment For: | - 71-2 | PAYROLL |
| Senate President | Primary General Other (specify) ▼ | | · · · · · · · · · · · · · · · · · · · |
| State: District: | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 2542.54 |

| Temizer Disbursement For each category of the betailed Summary Page Temizer 22 23 24 25 25 25 26 26 26 26 26 | CHEDULE B (FEC Form 3X) | Use separate schedule(s) | | NE NUMBER: PAGE 18 / 34 | | | | 34 | |
|---|---|------------------------------------|---------------|-------------------------|-----------------|----------|-------|-----------|--------|
| NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code MA 02446- Purpose of Disbursement payroll City Senate President Other (specify) ▼ State Zip Code MA 02446- Purpose of Disbursement District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City Senate President Other (specify) ▼ Office Sought: House Senate Primary General Primary Gener | EMIZED DISBURSEMENTS | for each category of the | X 21b | 22 2 | | ⊣ | . F | _ | 26 |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code MA 02446- Purpose of Disbursement Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Code Mailing Address 62 Dwight St. Apt. #1 City State Code Mailing Address 62 Dwight St. Apt. #1 City State Code Mailing Address 62 Dwight St. Apt. #1 City State Code Mailing Address 62 Dwight St. Apt. #1 City State Code Mailing Address 62 Amount of Each Disbursemen | | | | | | | | | |
| Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Anthony Ferrucci Malling Address 62 Dwight St. Apt. #1 City Snate Disbursement Primary General Disbursement City State Disbursement City Disbursement City State Disbursement City Disbursement City Disbursement City State Disbursement City Disburs | | e and address of any political col | mmittee to so | olicit contribution | is from | 1 sucn | 1 com | mittee | |
| Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement Payoroll Candidate Name Other (specify) ▼ Office Sought: House Senate President State Disbursement For: Senate Primary General Propose of Disbursement Payoroll Candidate Name Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Date of Disbursement in Payoroll Category/ Type PAYROLL Transaction ID: 10106,E12747 Date of Disbursement in Payoroll Amount of Each Disbursement in Payoroll Amount of Each Disbursement Disbursement Disbursement Payoroll Transaction ID: 10106,E12747 Date of Disbursement Disbursement Disbursement For: Senate Primary General Other (specify) ▼ PAYROLL Transaction ID: 10106,E12747 Date of Disbursement Disbursement Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type PAYROLL Transaction ID: 10106,E12748 Date of Disbursement Disbursement For: Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Disbursement Disbu | * * * | sional Committee | | | | | | | |
| City Brookline | | | | | | |)6.E1 | 2746 | |
| Brookline MA 02446- Purpose of Disbursement payroll Cardidate Name Office Sought: House Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony Ferrucci City Senate President MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: 10106,E12747 Date of Disbursement Initial Dis | Mailing Address 62 Dwight St. Apt. #1 | | | 12 | 09 |) / | Ý | ž o ť o | Y |
| Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Disbursement Primary General Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: 10106.E12747 Date of Disbursement this P Amount of Each Disbursement this P Category/ Type PAYROLL Transaction ID: 10106.E12747 Date of Disbursement this P Category/ Type PAYROLL Transaction ID: 10106.E12747 Date of Disbursement this P Category/ Type PAYROLL Transaction ID: 10106.E12748 Date of Disbursement this P Category/ Type Amount of Each Disbursement this P Date of Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Disbursement Category/ Type Office Sought: House State Zip Code Disbursement this P City State Zip Code Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Disbursement Category/ Type Office Sought: House Senate Primary General Primary | | | | Amount of E | ach Di | isburs | semer | nt this F | Period |
| Office Sought: | | | | L | | | . 6 | 630.70 | |
| Senate President State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City Brookline MA O2446- Purpose of Disbursement Primary Office Sought: House President Mailing Address 62 Dwight St. Apt. #1 Candidate Name Disbursement For: Senate Primary Other (specify) Transaction ID: 10106.E12747 Date of Disbursement Disbursement this P Amount of Each Disbursement this P Amount of Each Disbursement this P PAYROLL Transaction ID: 10106.E12748 Disbursement For: Senate Primary Other (specify) Transaction ID: 10106.E12748 Date of Disbursement this P Amount of Each Disbursement this P PAYROLL Transaction ID: 10106.E12748 Date of Disbursement this P Amount of Each Disbursement this P Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) PAYROLL Other (specify) Other (| Candidate Name | | 0, | | | | | | |
| Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Primary General Prosessor of Disbursement Mailing Address 62 Dwight St. Apt. #1 Transaction ID: 10106.E12748 Date of Disbursement this P Amount of Each Disbursement this P PAYROLL Transaction ID: 10106.E12748 Date of Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼ PAYROLL PAYROLL PAYROLL PAYROLL PAYROLL | Senate President | Primary General | | PAYROLL | | | | | |
| Mailing Address 62 Dwight St. Apt. #1 City State Zip Code D2446- Purpose of Disbursement payroll Amount of Each Disbursement this P Candidate Name Category/ Type PAYROLL PAYROLL PAYROLL Transaction ID: 10106.E12748 Date of Disbursement this P Disbursement this P Disbursement For: Disbu | , | | | | | |)6.E1 | 2747 | |
| Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Payroll Category/ Type Office Sought: House Disbursement For: General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Other (specify) ▼ PAYROLL | Mailing Address 62 Dwight St. Apt. #1 | | | 12 | ^D 20 |) / | Ý | ž o ť o | Y |
| Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this P Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ PAYROLL PAYROLL PAYROLL PAYROLL PAYROLL PAYROLL PAYROLL | | | | Amount of E | ach Di | isburs | | | - |
| Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement MA 02446- Purpose of Disbursement Por: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: President Disbursement For: PAYROLL PAYROLL PAYROLL PAYROLL PAYROLL | | | | <u> </u> | | - | 6 | 630.70 | |
| Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement MA 02446- Purpose of Disbursement payroll Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ PAYROLL | | | | - | | | | | |
| Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Date of Disbursement 1 2 M / 3 1 / 2 0 1 0 Amount of Each Disbursement this P Category/ Type Office Sought: House Senate Primary General Other (specify) PAYROLL PAYROLL | Senate President | Primary General | | PAYROLL | | | | | |
| City State Zip Code Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Other (specify) | | | | | | |)6.E1 | 2748 | |
| Brookline MA 02446- Purpose of Disbursement payroll Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ PAYROLL PAYROLL | Mailing Address 62 Dwight St. Apt. #1 | | | 12 / | 31 |) / | Y | ž 0 i 0 | Y |
| payroll Candidate Name Category/ Type Office Sought: House | | | | Amount of E | ach Di | isburs | | | |
| Office Sought: House | payroll | | | l L | | | 6 | 630.69 | |
| Senate Primary General President Other (specify) ▼ | | | | _ | | | | | |
| 3.00.00 | Senate | Primary General | | PAYROLL | | | | | |
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| ago# 11000021012 | | | |
|---|---|----------------------|---|
| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only | |
| | | 27 | 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | ional Committee | | |
| Full Name (Last, First, Middle Initial) Kaitlyn Greeley | | | Transaction ID: 10106.E12749 Date of Disbursement |
| Mailing Address 34 Fresno St. | | | $\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ |
| • | State Zip Code MA 02131- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 955.50 |
| Candidate Name | | Category/ Type | |
| Senate President | ment For: Primary General Other (specify) | | PAYROLL |
| State: District: Full Name (Last, First, Middle Initial) | | | |
| Kaitlyn Greeley | | | Transaction ID: 10106.E12750 Date of Disbursement |
| Mailing Address 34 Fresno St. | | | $\begin{bmatrix}\begin{smallmatrix}M & 2 & M \\ 1 & 2 & M \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D & D \\ 0 & 9 \end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & Q & 1 & 0 \\ 2 & 0 & 1 & 0 \end{smallmatrix}\end{bmatrix}$ |
| | State Zip Code MA 02131- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 955.49 |
| Candidate Name | | Category/ Type | |
| Senate President | ment For: Primary General Other (specify) | | PAYROLL |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Kaitlyn Greeley | | | Transaction ID: 10106.E12751 Date of Disbursement |
| Mailing Address 34 Fresno St. | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| | State Zip Code MA 02131- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 955.50 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | | PAYROLL |
| State: District: | - (-I->=)/ V | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | 2866.49 |

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В.

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | E NUMBER: | PAGE 20/34 | | | | | | | |
|--|--|-------------------|-----------------------------|---------------------------------|--|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | X 21b 27 | 22 23 28a 28b | 24 25 26 28c 29 30b | | | | | | | |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | for the purpose of | soliciting contributions | | | | | | | |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | sional Committee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Kaitlyn Greeley Mailing Address 34 Fresno St. | | | Date of Disbu | D: 10106.E12752 rsement | | | | | | | |
| City Boston | · | | | | | | | | | | |
| Purpose of Disbursement payroll Candidate Name | [| Category/ | | 955.50 | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | Туре | PAYROLL | | | | | | | | |
| Full Name (Last, First, Middle Initial) John Hemsley | | | Transaction I Date of Disbu | | | | | | | | |
| Mailing Address | | | 11 | 030 / Y 2010 Y | | | | | | | |
| City | State Zip Code | | Amount of Eac | ch Disbursement this Period | | | | | | | |
| Purpose of Disbursement reimbursement Candidate Name | [| Category/ Type | | 908.86 | | | | | | | |
| Office Sought: House Senate President State: Disburse | ement For: Primary General Other (specify) | Турс | REIMBURSE | EMENT | | | | | | | |
| Full Name (Last, First, Middle Initial) John Hemsley | | | Transaction I Date of Disbu | D : 10106.E12783 rsement | | | | | | | |
| Mailing Address | | | 111 | 30 / 2010 | | | | | | | |
| City | State Zip Code | | Amount of Eac | ch Disbursement this Period | | | | | | | |
| Purpose of Disbursement reimbursement | | | | 85.58 | | | | | | | |
| Candidate Name Office Sought: House Disburse Senate President | ement For: Primary General Other (specify) | Category/ Type | REIMBURSE | EMENT | | | | | | | |
| State: District: | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 1949.94 | | | | | | | |

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| SCHEDULE B (FEC Form 3X) | hedule(s) | | FOR LIN | | | R: | | | PA | GE | 21 / | 34 | | | | |
|---|-------------------------------------|---------|---------|---------------|---|------------------|------|-----------------------------|-------|-----------|------|----------|----------------|---------|--|--|
| ITEMIZED DISBURSEMENTS | for each category Detailed Summa | | 1- | 21b 27 | A | 22 28a | | 23 28b | П | 24 28c | | 25 29 | \vdash | 6 0b | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | 3 | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| Massachusetts Republican State Congress | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID | : 1 | 0106 | .E1 | 2784 | | | | |
| John Hemsley | | | | | | Date of | of D | isburs | eme | nt | | | | | | |
| Mailing Address | | 111 | | | | | | | | | | | | | | |
| City | State Zip C | ode | | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| Purpose of Disbursement | | | | | | | | | | | 3 | 21.04 | 1 | | | |
| reimbursement | | | | | | | | | | | | | | | | |
| Candidate Name | | | | egory/ ype | | | | | | | | | | | | |
| Senate President | ment For: Primary Other (specify) | General | | | ı | REIMBURSEMENT | | | | | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | + | | | | | | | | | — | | |
| John Hemsley | | | | | | Trans Date o | of D | isburs | eme | | | | | | | |
| Mailing Address | | | | | | 1 ^M 1 | М | / D 3 | 3 0 | / Y | ž | 010 |) \ | | | |
| City | State Zip C | ode | | | | Amou | nt o | f Each | n Dis | burse | men | t this I | Period | _ | | |
| Purpose of Disbursement reimbursement | | | _ | - | | | | | | | 10 | 50.19 |) | | | |
| Candidate Name | | | | egory/ ype | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (specify) | General | | уре | | REIM | BU | RSEN | ИEN | IT | | | | | | |
| State: District: | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Kirsten Hughes | | | | | | Trans Date o | | | | | .E1: | 2753 | | | | |
| Mailing Address 72 Davis Street | | | | | | м 1 1 | М | [/] D ₂ | 24 | / Y | ž | 0 1 (|) ^Y | | | |
| | State Zip C | | | | | Amou | nt o | f Each | n Dis | burse | men | t this I | Period | _ | | |
| | MA 0217 | 70- | | | | | - | | | | 10 | 10.00 | | 1 | | |
| Purpose of Disbursement payroll | | | | | | | - | _ | | | ΙŪ | 13.20 |) | _ | | |
| Candidate Name | | | | egory/ ype | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (specify) | General | | | ı | PAYR | OL | L | | | | | | | | |
| State: District: | • | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | | ▶ | | | | | | | 238 | 34.43 | 3 |] | | |

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| SCHEDULE B (FEC Form 3X) | FORLINE | NUMBER: PAGE 22/34 | |
|---|---|--------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | / one) |
| | Detailed Summary Page | X 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | by any person f | or the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | ional Committee | | |
| / Full Name (Last, First, Middle Initial) | | | T ID 10100 F107F1 |
| Nick Lehr | | | Transaction ID: 10106.E12754 Date of Disbursement |
| Mailing Address 38 Saunders Rd. | | | $\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ |
| , | State Zip Code MA 02134- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 546.46 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) ▼ | | PAYROLL |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Nick Lehr | | | Transaction ID: 10106.E12755 Date of Disbursement |
| Mailing Address 38 Saunders Rd. | | | 1 1 M |
| • | State Zip Code MA 02134- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement reimbursement | | | 187.56 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | | REIMBURSEMENT |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Nathan Little | | | Transaction ID: 10106.E12756 Date of Disbursement |
| Mailing Address 83 Congreeve | | | 111 24 2010 |
| | State Zip Code MA 02131- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 2140.16 |
| Candidate Name | | Category/ Type | |
| Senate President | ment For: Primary General Other (specify) ▼ | | PAYROLL |
| State: District: | | | |
| SURTOTAL of Dishursements This Page (ontional) | | | 2874.18 |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE (check only | NUMBER: PAGE 23 / 34 |
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | X 21b 27 | 22 23 24 25 26 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | |
| NAME OF COMMITTEE (In Full) | · · · · · · · · · · · · · · · · · · · | | |
| Massachusetts Republican State Congress | sional Committee | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12757 |
| Nathan Little | | | Date of Disbursement |
| Mailing Address 83 Congreeve | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| City | State Zip Code | | Amount of Each Disbursement this Period |
| Boston Purpose of Disbursement | MA 02131- | | 2134.50 |
| payroll | | | |
| Candidate Name | | Category/ Type | |
| | ement For: | | PAYROLL |
| Senate President | Primary General Other (specify) ▼ | | |
| State: District: | Curici (Specify) | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12758 |
| Nathan Little | | | Date of Disbursement |
| Mailing Address 83 Congreeve | | | $\begin{bmatrix} M & M \\ 12 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 20 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2010 & 10 \end{bmatrix}$ |
| City | State Zip Code | | Amount of Each Disbursement this Period |
| Boston | MA 02131- | | 2134.51 |
| Purpose of Disbursement payroll | | | 2104.01 |
| Candidate Name | | Category/ Type | |
| , H | ement For: | | PAYROLL |
| Senate President | Primary General Other (specify) ▼ | | |
| State: District: | Other (specify) | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12759 |
| Nathan Little | | | Date of Disbursement |
| Mailing Address 83 Congreeve | | | 12 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | State Zip Code | | Amount of Each Disbursement this Period |
| Boston | MA 02131- | | 2134.50 |
| Purpose of Disbursement payroll | | | |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse | ement For: | - 75-0 | PAYROLL |
| Senate | Primary General | | FAINULL |
| State: District: | Other (specify) | | |
| | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 6403.51 |

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| SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only | |
| | | 27 | 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | sional Committee | | |
| Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski | | | Transaction ID: 10106.E12789 Date of Disbursement |
| Mailing Address 485 Foster St. | | | $\begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} 1 \begin{smallmatrix} M \\ M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} 3 \begin{smallmatrix} D \\ 0 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 2 \begin{smallmatrix} Y \end{smallmatrix} 2 \begin{smallmatrix} Y \\ 0 \end{smallmatrix} 1 \begin{smallmatrix} Y \\ 0 \end{bmatrix}$ |
| City North Andover | State Zip Code MA 01845- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement reimbursement | | | 249.52 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | | REIMBURSEMENT |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12760 |
| Magan Munson | | | Date of Disbursement |
| Mailing Address 209 bunker hill st Apt 1 | | | 111 |
| City Boston | State Zip Code MA 02129- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | | 1136.59 |
| payroll Candidate Name | | Category/ Type | |
| Senate President | ement For: Primary General Other (specify) | , | PAYROLL |
| State: District: Full Name (Last, First, Middle Initial) | | | |
| Magan Munson | | | Transaction ID: 10106.E12761 Date of Disbursement |
| Mailing Address 209 bunker hill st Apt 1 | | | 1 2 M |
| City Boston | State Zip Code MA 02129- | | Amount of Each Disbursement this Period |
| Purpose of Disbursement payroll | | | 1136.58 |
| Candidate Name | | Category/ Type | |
| Senate President | ement For: Primary General Other (specify) | | PAYROLL |
| State: District: | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 2522.69 |

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| SCHEDULE B (FEC Form 3X) | FOR LIN (check or | | | | R: | | | PAC | ìΕ | 25 / 3 | 34 | | | |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | X | _ | A | 22 28a | | 23 28b | $\begin{bmatrix} 2 \\ 2 \end{bmatrix}$ | 4 8c | _ | 25 29 | Н | 26 30b |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | | | | | | | | | | | | | ; | |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | sional Committee | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Magan Munson | | | | | | | of Di | sburs | : 101 ement | 06.I | | | Y | |
| Mailing Address 209 bunker hill st Apt 1 | | M2 M / D2 D / Y 2 O 1 O Y | | | | | | | | | | | | |
| City Boston | State Zip Code MA 02129- | | | | | Amou | nt of | f Each | n Disbu | - | | | | d |
| Purpose of Disbursement payroll Candidate Name | | | | | | L. | | | | | 113 | 6.59 | | |
| | | | ate Ty | gory/ pe | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | al | | | | PAYR | OL | L | | | | | | |
| Full Name (Last, First, Middle Initial) Magan Munson | | | | | | Date o | of Di | sburs | : 101 ement | 06.1 | | | | |
| Mailing Address 209 bunker hill st Apt 1 | | | | | | ^M 2 | М | D 3 | 3 1 | Y | ž (| 0 ť C |) \ | |
| City Boston | State Zip Code MA 02129- | | | | | Amou | nt of | f Each | n Disbu | rsem | ent | this F | Perio | d |
| Purpose of Disbursement payroll | 02.20 | T | - | | | | | | | | 113 | 6.59 | | |
| Candidate Name | | | ate Ty | gory/ pe | | | | | | | | | | |
| Senate President | ement For: Primary Genera Other (specify) | al | | | | PAYR | OL | L | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID | : 101 | 06 I | =12 | 768 | | |
| Advantage Payroll Services | | | | | | Date o | of Di | sburs | ement | V. | | | V/ | |
| Mailing Address 747 Main Street #222 | | | | | | 1 1 | М | 2 | 24 | L | Ž (| 0 1 0 |) | |
| City Concord | State Zip Code MA 01742- | | | | | Amou | nt of | f Each | n Disbu | - | | | | od |
| Purpose of Disbursement payroll | | | v | | | | | | | | 435 | 8.00 | | |
| Candidate Name | | | ate Ty | gory/ pe | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary Genera Other (specify) | - | | | | PAYR | OL | L | | | | | | |
| State: District: | (open)/ \ | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | <u> </u> | | | | | | 6 | 63 | 1.18 | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) (char | | | | NE NUMBER: PAGE 26 / 34 only one) | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Detailed Summary F | | 1 | 21b 27 | Á | 22 28a | П | 23 28b | 24 28 | , F | 25 29 | | 26 30b | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress | ional Committee | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 747 Main Street #222 | | | | | | | | Transaction ID: 10106.E12769 Date of Disbursement M M M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| , | State Zip Code MA 01742- | • | | | | Amou | nt o | t Each | Disburs | - | | | od | | | |
| Purpose of Disbursement payroll Candidate Name | | | | egory/ | | | | | | | 205.1 | 4 | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Ger Other (specify) | neral | 13 | ype | PAYROLL | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Advantage Payroll Services | | | | | | Date o | | isburs | : 1010 ement | | 2770 2 0 1 | | | | | |
| Mailing Address 747 Main Street #222 | | | | | 12 00 2010 | | | | | | | | | | | |
| , | State Zip Code MA 01742- | • | | | Amount of Each Disbursement th | | | | | | nt this | Perio | od | | | |
| Purpose of Disbursement payroll | | | | | | 253 | | | | 531.4 | 0 | | | | | |
| Candidate Name | | | | egory/ ype | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Ger Other (specify) ▼ | neral | | | | PAYR | ROL | L | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID: | : 1010 | 6.E1 | 2771 | | | | | |
| Advantage Payroll Services | | | | | | | of D м | isburs | | Y | YY | Υ | | | | |
| Mailing Address 747 Main Street #222 | | | | | | 1 2 | | 2 | 20 / | 2 | 201 | 0 | | | | |
| | State Zip Code MA 01742- | | | | | Amou | nt o | f Each | Disburs | | - | | od | | | |
| Purpose of Disbursement payroll | | | | | | | 0 | | | 25 | 531.3 | 6 | | | | |
| Candidate Name | | Category/ Type | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Ger Other (specify) | neral | | | | PAYR | ROL | L | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | | . • | | | | | | 52 | 67.9 | 0 | | | | |

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| SCHEDULE B (FEC Form 3X) | | rate schedule(s) FOR LINE NUMBER: (check only one) | | | | | | F | AGE | E 27/34 | | | | | |
|---|-------------------------------------|--|-------|---|-------------|-------|-----------|---|----------------|-----------|----------------|------------|----------------|-----------|--|
| ITEMIZED DISBURSEMENTS | | category of the Summary Page | | X | _ | | 22 28a | | 23 28b | 24 280 | _s F | 25 29 | \sqcup | 26 80b | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | 6 | | |
| NAME OF COMMITTEE (In Full) | e and addres | ss of arry political | COITI | | illee lo s | SOIIC | it COIIti | ibuti | 0115 110 | Jili Suci | COII | iiiiiiiiee | | _ | |
| Massachusetts Republican State Congress | sional Con | nmittee | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 747 Main Street #222 | | | | | | | | Transaction ID: 10106.E12772 Date of Disbursement | | | | | | | |
| | | | | | | | | M2 M / D3 D / Y 2 O 1 O Y | | | | | | | |
| City Concord | State MA | Zip Code 01742- | | | | | Amou | nt o | f Each | Disburs | eme | nt this I | Period | _ | |
| Purpose of Disbursement payroll | | | | v | | | L. | - | | | 2 | 531.36 | 3 | | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary Other (spe | General | | | • | | PAYR | OL | L | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trane | acti | on ID: | 1010 | 6 F | 12781 | | — | |
| Charles Pearce | | | | | | | Date o | of D | sburse | ement | | | | | |
| Mailing Address 7 Linden St | | | | | | | 1 1 | М | ^D 3 | 0 / | Y | ž 0 1 (|) ^Y | | |
| City Ipswich | State MA | Zip Code 01938- | | | | | Amou | nt o | f Each | Disburs | eme | nt this I | Period | _ | |
| Purpose of Disbursement reimbursement | irpose of Disbursement | | | | - | | L. | 0 | | | | 235.64 | 1 | | |
| Candidate Name | | | | | gory/ pe | 1 | | | | | | | | | |
| Senate President | ement For: Primary Other (spe | General cify) ▼ | | | | | REIM | BUI | RSEM | MENT | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | | | T | | ID- | 1010 | С Г: | 10700 | | — | |
| Charles Pearce | | | | | | | Date o | | sburse | | | | | | |
| Mailing Address 7 Linden St | | | | | | | 1 1 | | ^D 3 | Ŏ | | ž 0 i (|) | | |
| City Ipswich | State MA | Zip Code 01938- | | | | | Amou | nt o | f Each | Disburs | - | | | _ | |
| Purpose of Disbursement reimbursement | | | | | - 1 | | L. | _ | | | | 502.37 | 7 | _ | |
| Candidate Name | | | | | gory/ | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary Other (spe | General | | | • | | REIM | BUI | RSEM | MENT | | | | | |
| State: District: | Journel (spe | .c.iiy) ▼ | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | <u> </u> | | | | | | 32 | 69.37 | 7 | | |

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| SCHEDULE B (FEC Form 3X) Use separate schedule(s | | | | | OR LIN | | | R: | | PAGE 28/34 | | | | | | |
|---|---|------------------------------|--|-----|-------------|---|--|--|------------------|------------|-----------|-----|----------|----------------|-----------|--|
| ITEMIZED DISBURSEMENTS | | tegory of the ummary Page | | X | - | П | 22 28a | | 23 28b | \Box | 24 28c | Н | 25 29 | П | 26 30b | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | | | | | | ; | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| Massachusetts Republican State Congress | ional Comn | nittee | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Republican National Committee | | | | | | | | Transaction ID: 10106.C187410IK Date of Disbursement | | | | | | | | |
| Mailing Address 310 First Street SE | | | | | | | 12 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | |
| DO NOT MAIL | | | | | | | | | | | | | | | | |
| • | | Zip Code 20003- | | | | | Amou | nt o | f Each | Disk | ourse | - | | | d | |
| Purpose of Disbursement for VOIP phones | | | | U | • | 1800.00 | | | | | | | | | | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (speci | General ▼ | | | | IN KIND: FOR VOIP PHONES | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | |
| Michael Rigas | | | | | | | | of Di | on ID: sburse | | | .E1 | 2764 | | | |
| Mailing Address 24 Concord Ave, Apt 415 | Mailing Address 24 Concord Ave, Apt 415 | | | | | | 111 24 7 2010 | | | | | | | | | |
| | cambridge MA 02138- urpose of Disbursement | | | | | Amount of Each Disbursement this Period | | | | | | | | | | |
| Purpose of Disbursement payroll | | | | | | | 1515.61 | | | | | | | | | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | | | |
| Senate President | ment For: Primary Other (speci | General ∀ | | | | | PAYR | OL | L | | | | | | | |
| State: District: | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Michael Rigas | | | | | | | Trans Date of | | on ID: sburse | | | .E1 | 2765 | | | |
| Mailing Address 24 Concord Ave, Apt 415 | j | | | | | | ^M 2 | М | ^D 0 | 9 | / Y | ž | 0 i c |) ^Y | | |
| | | Zip Code 02138- | | | | | Amou | nt o | f Each | Disk | ourse | men | t this F | Perio | d | |
| Purpose of Disbursement payroll | | | | v | • | | | | _ | | | 15 | 15.62 | 2 | | |
| Candidate Name | Category Type | | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (speci | General | | · y | <u>~~</u> | | PAYR | OL | L | | | | | | | |
| State: District: | Julio (Speci | ' <i>Y)</i> ▼ | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) . | | | | | <u> </u> | | | | | | | 483 | 31.23 | | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | (s) FOR LINE NUMBER: PAGE (check only one) | | | | | 29 / 3 | 34 | | | | | | |
|---|---|--|-----------------|---|------------------|-------------------------|--------|-----------|-------------|----------|----------------|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | П | 22 28a | 23 28b | F | 24 28c | П | 25 29 | 26 30b | | | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | ny perso | | the pu | rpose of | soli | citing co | | outions | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| Massachusetts Republican State Congress | ional Committee | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | saction II | | | .E12 | 2766 | | | | |
| Michael Rigas | | | | | | of Disbur | | | · · · · · · | V | V | | | |
| Mailing Address 24 Concord Ave, Apt 415 | | | | 12 D 2 D / Y 2 O 1 O | | | | | | | | | | |
| City Cambridge | State Zip Code MA 02138- | | | Amount of Each Disbursement this Period | | | | | | | | | | |
| Purpose of Disbursement | | | • | | L. | | | | 15 | 15.61 | | | | |
| payroll | | L | | | | | | | | | | | | |
| Candidate Name | | | tegory/ Type | | | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) | | ·· | | PAYF | ROLL | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | + | | | | | | | | | | |
| Michael Rigas | | Date | of Disbur | sem | nent | | | | | | | | | |
| Mailing Address 24 Concord Ave, Apt 415 | | | | | | 12 M / 31 / Y 2010 Y | | | | | | | | |
| • | State Zip Code MA 02138- | | | | Amou | ınt of Eac | h D | isburse | men | t this f | Period | | | |
| Purpose of Disbursement payroll | | | | | 1515.64 | | | | | | | | | |
| Candidate Name | | | tegory/ Type | | | | | | | | | | | |
| Senate President | ment For: Primary General Other (specify) | | | | PAYF | ROLL | | | | | | | | |
| State: District: | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Marco Schiavo | | | | | | saction II of Disbur | | | .E12 | 2792 | | | | |
| Mailing Address | | | | | 1 ^M 1 | M / D | 3 0 |) / Y | ž | 0 1 C |) ^Y | | | |
| City | State Zip Code | | | | Amou | ınt of Eac | h D | isburse | men | t this f | Period | | | |
| Purpose of Disbursement | Purpose of Disbursement office expenses Candidate Name Category/ Type | | | | | | | | 3 | 54.16 | 5 | | | |
| | | | | | | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) | | | | OFFI | CE EXP | EN | ISES | | | | | | |
| State: District: | · · · · · · · · · · · · · · · · · · · | | | \perp | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | ▶ | | | | | | 338 | 35.41 | | | | |

C.

| SCHEDULE B (FEC Form 3X) | | | | | | NE NUMBER: PAGE 30 / 34 only one) | | | | | | | | |
|---|------------------------------------|---------------------------------|--|---|-------------|-----------------------------------|---|--------|----------------|------------------|-----|----------|----------------|--|
| ITEMIZED DISBURSEMENTS | | category of the Summary Page | | X | _ | | 22 28a | | 23 28b | 24 28c | | 25 29 | 26 30b | |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | y persor | | the pu | | se of so | oliciting co | | outions | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| Massachusetts Republican State Congress | sional Com | nmittee | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Peter Vitale | | | | | | | | | on ID: | 10106 | .E1 | 2787 | | |
| Mailing Address 3 Gladstone St | | | | | | | | _ | | | ž | 0 Ĭ (|) Y | |
| City | State | Zip Code | | | | Amount of Each Disbursement this | | | | | | | Poriod | |
| Wakefield | MA | 01880- | | | | | AIIIOU | TIL OI | Lacii | Disbuise | - | | | |
| Purpose of Disbursement reimbursement | | | | | - | | | 0 | | | 3 | 14.73 | B | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (spe | General cify) ▼ | | | | REIMBURSEMENT | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID: | 10106 | .E1 | 2793 | | |
| Matthew Wood | | | | | | | Date of Disbursement | | | | | V | | |
| Mailing Address 33D Westvale Meadows | | | | | | | 1 1 | IVI . | 3 | 0 / | 2 | 0 Ĭ (|) | |
| City Concord | State MA | Zip Code 01742- | | | | | Amount of Each Disbursement this Period | | | | | | Period | |
| Purpose of Disbursement payroll | | | | 0 | • | | 496.17 | | | | | | | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Other (spe | General cify) ▼ | | | | | PAYR | OL | L | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | _ | | | 40400 | | | | |
| Mike Yacobian | | | | | | | Date o | of Di | sburse | | | | | |
| Mailing Address 64 Wellesley St | | | | | | | 1 1 | М | ^D 2 | ^D / 1 | ž | 0 i 0 |) [¥] | |
| City Weston | State MA | Zip Code 02493- | | | | | Amou | nt of | f Each | Disburse | men | t this f | Period | |
| Purpose of Disbursement payroll | | | | | • | | | - | - | | 5 | 26.19 | | |
| Candidate Name | | | | | gory/ pe | | | | | | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (spe | General cify) ▼ | | | | | PAYR | OL | L | | | | | |
| State: District: | · · · · | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | | | | | | | 13 | 37.09 | | |

President

District:

| age# 11930021054 | | | | | | | | | | | |
|---|--|------------------------|---------------------|--------------------------|--|--|--|--|--|--|--|
| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | NUMBER: | PAGE 31/34 | | | | | | | |
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | X 21b 27 | 22 23 23 28a 28b | 24 25 26 28c 29 30b | | | | | | | |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nan | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| Massachusetts Republican State Congres | sional Committee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | 10106.E12775 | | | | | | | |
| Mike Yacobian | | | Date of Disburse | | | | | | | | |
| Mailing Address 64 Wellesley St | | 111 M / D30 / Y 2010 Y | | | | | | | | | |
| City Weston | State Zip Code MA 02493- | | Amount of Each I | Disbursement this Period | | | | | | | |
| Purpose of Disbursement | WA 02493- | | | 106.26 | | | | | | | |
| reimbursement | | | | | | | | | | | |
| Candidate Name | | Category/ Type | | | | | | | | | |
| Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify) | | REIMBURSEM | ENT | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | 10100 510771 | | | | | | | |
| Mike Yacobian | | | Date of Disburser | 10106.E12774 ment | | | | | | | |
| Mailing Address 64 Wellesley St | | | 111 / 3 | 0 / 2010 | | | | | | | |
| City Weston | State Zip Code MA 02493- | | Amount of Each I | Disbursement this Period | | | | | | | |
| Purpose of Disbursement reimbursement | | | L | 109.47 | | | | | | | |
| Candidate Name | | Category/ Type | | | | | | | | | |
| Office Sought: House Disburs Senate | ement For: Primary General | | REIMBURSEM | ENT | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 215.73 |
|---|---|----------|
| TOTAL This Period (last page this line number only) | • | 61082.50 |

Other (specify)

State:

| ~ | | | | | | | | | |
|-----------------|--|---|-------------------|---|--|--|--|--|--|
| 5(| CHEDULE B (FEC Form 3X | Use separate sched | 1110/c) | NUMBER: PAGE 32/34 | | | | | |
| IT | EMIZED DISBURSEMENTS | | the (Crieck on | ıy one) | | | | | |
| | | Detailed Summary F | 27 27 | 28a 28b 28c 29 30b | | | | | |
| | y Information copied from such Reports and for commercial purposes, other than using the | • | , , , | | | | | | |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| \rangle | Massachusetts Republican State Co | ngressional Committee | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: 10106.E12796 | | | | | |
| | Republican National Committee | | | Date of Disbursement | | | | | |
| | Markey Address Both & B. Ellis | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | | | |
| | Mailing Address Dwight D. Eisenho 310 First Street, So | | | 12 14 2010 | | | | | |
| | City | State Zip Code | | Amount of Each Disbursement this Period | | | | | |
| | Washington | DC 20003- | | 01040.57 | | | | | |
| | Purpose of Disbursement equipment transfer | | | 21248.57 | | | | | |
| | Candidate Name | | Category/ Type | | | | | | |
| | Office Sought: House D | isbursement For: | | | | | | | |
| | Senate | Primary Ger | neral | | | | | | |
| | President | Other (specify) | | | | | | | |
| | State: District: | | | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 21248.57 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | — | 21248.57 |

PAGE 33 / 34 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PΑ 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 1750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 34 / 34 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for telemar-keting non-fea party rela-ted **FLS Connect** Mailing Address 7300 Hudson Blvd. Ste ZIP Code City State Saint Paul MN 55128-Outstanding Balance Beginning This Period Transaction ID: LS91217.E11763 3910.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3910.20 3910.20 1) SUBTOTALS This Period This Page (optional)..... 5660.20 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5660.20